

# ***Application for Additional Medications or Procedures***

(7 AAC 26.670)

Section of Injury Prevention and Emergency Medical Services

PO Box 110616, Juneau, AK 99811-0616

(907) 465-3027 FAX: (907) 465-4101

<http://www.chems.alaska.gov>

**Please note that in addition to completing this form, Physician Medical Directors are required to submit a training and evaluation plan. These plans must include course objectives and a training schedule.**

## Regulations

7 AAC 026.670. Approval of Additional Medications and Procedures.

(a) In order for a medical director to authorize a state-certified EMT-I, EMT-II, or EMT-III to use additional medications or procedures not covered under [7 AAC 26.040](#)(a), (b), or (c), the medical director shall

(1) submit to the department a request for approval; the request must include a plan for training and evaluation covering the additional skills; and

(2) if the request is approved, following the training and evaluation, send the department a list of individuals who are authorized to use the additional medications or procedures.

(b) The department will maintain a list of the approved additional medications or procedures for an authorized EMT-I, EMT-II, or EMT- III.

## Procedure.

1. List additional medications and procedures for which you are seeking approval. Use additional sheets as necessary or attach your protocols or other documentation.
  2. Sign and mail or fax form to the Section of Community Health and EMS.
  3. Upon receipt of written approval from the Section, submit a roster of personnel authorized to administer the additional medications or procedures.
- 
1. My plan for training and evaluation of the personnel under my medical direction in the additional medications and/or procedures is attached.
  2. I understand that, upon my receipt of written approval from the department, I must then submit a list to the department of the personnel who are authorized to use the additional medications and/or procedures.

---

Signature of Physician Medical Director

---

Date

---

Printed Name of Physician Medical Director

### Application

As the physician medical director for \_\_\_\_\_ (name of service), I am applying for approval, in accordance with 7 AAC 26.670, for EMS personnel under my medical direction to use the following additional medications and/or procedures:

<b>Certification Level</b>	<b>Alaska Standard Scope of Practice</b>	<b>Additional Medications</b>	<b>Additional Procedures</b>
<u>EMT I</u>	AED Manual defibrillation (if certified as a manual defibrillation technician) Ipecac Glucose (Glucose) Activated charcoal Aspirin 162-325 mg Assist patient in taking their own: <ul style="list-style-type: none"><li>• Nitroglycerin;</li><li>• Epi-pens; and</li><li>• MDI Albuterol</li></ul>		
<u>EMT II</u>	All EMT-I procedures and medications plus: Approved advanced airway devices IV access Obtain blood for labs Glucometry Pediatric IO access Manual defibrillation (if certified as a manual defibrillation technician) Administer: <ul style="list-style-type: none"><li>• Narcan</li><li>• D-50W</li><li>• IV solutions: NaCl; LR; D5W</li></ul>		
<u>EMT III</u>	All EMT-II procedures and medications plus: Monitor cardiac activity (3 or 12 lead) Manual defibrillation Monitor cardiac activity Contershock VF and pulseless VT Administer: <ul style="list-style-type: none"><li>• Epinephrine 1:1000</li><li>• Epinephrine 1:10,000</li><li>• Atropine</li><li>• Lidocaine</li><li>• Morphine</li></ul>		